

Integrated Health Care

Information Sharing and Care Coordination



Goal is to improve the health of consumers in Lapeer...

→ Overall healthcare for the mentally ill must be improved

- As many of us know, people with mental illness die 25 years earlier than the national average

→ Specific goals of our project

- Improve access to care
 - Verify that all consumers have a primary care physician
- Obtain an accurate history of medications provided to a consumer
 - This will decrease medication errors and interactions
- Improve utilization management
 - The benefits of coordinating care for the costliest consumers are two-fold:
 - Directly improve outcomes for these consumers
 - The resources saved through coordinated care would directly result in providing more services
- Disease Management
 - Identify chronic disease consumers and coordinate physical health care



To accomplish this, we worked with the following organizations...



- ➔ Lapeer CMH applied for the MDCH Block Grant to investigate data sharing possibilities for Integrated Health within Lapeer county

- ➔ The following partners were included in the grant:
 - Largest Medicaid Health Plan in Lapeer county

 - Afia, Inc.
 - Health IT Consultants specializing in behavioral health IT and based in Ann Arbor
 - Assist with collecting and analyzing the data



We need to combine Behavioral and Physical health data...

- ➔ Behavioral health data is stored in Oasis, the electronic health record used by the Thumb Alliance
 - Thumb Alliance PIHP agreed to give us access to this data
 - The Thumb Alliance also let us use space on their servers to analyze the data
 - This eliminated any security risk of transporting that data to another machine

- ➔ Physical Health data was more difficult...



We experienced some roadblocks from the beginning...

➔ Physical Health Data was not available.

- Unfortunately, the Medicaid Health Plan was unable to devote the resources needed to collect and share their physical health data
- This was a frustrating start to the project, but we investigated other avenues for data
 - No FQHC in the region
 - No other significant Medicaid Health Plans in Lapeer
- MDCH was willing to share their Medicaid information for Lapeer consumers, but...
 - There is a longer lag time for MDCH data - about 6 months behind
 - This data can still be useful to highlight long term disorders



Acquiring MDCH data was uncharted territory...

➔ MDCH data had been released to a handful of organizations

- There was no established process to get approval for this information
- Many thanks to the staff that were involved in working with us through many rounds of this process
 - Kathy Haines, Tison Thomas, Cynthia Edwards, Teresa Mulford, Dick Berry,...
- Our application was approved and data was received in August of 2010

➔ I will summarize our application experience in the following slides...



There are 4 components to the MDCH application...

1. Business Associates Agreement
 - a. Between Afia and Lapeer CMH
 - b. Between Afia and the Thumb Alliance PIHP - St. Clair County CMH
2. Data Use Agreement
 - a. An overview of the agreement
 - I. Why are you requesting the data?
 - II. How will it be used?
 - III. What measures will be taken to keep the data secure?
3. Work Plan
 - a. Describe the purpose of the project along with the objectives / goals
4. Proposed Data File Format
 - a. Describes the data points and format requested



Some advice for organizations applying for MDCH data...

→ MDCH Data Use Application sticking points

▪ Scope

- Be very clear not only on what data is included in the study, but what is **excluded** as well
- Describe any further actions that may be taken. For example
“Health plan members, providers and health plans identified within the data file may be contacted for treatment purposes.”

▪ Security

- There are security concerns and data should only be accessed as needed
 - Explicitly state that we will provide a list of Medicaid IDs for current consumers of Lapeer CMH
 - We were asked to include the following text: “Data may not be released to a subcontractor without the written authorization of MDCH.”
 - Explicitly explain the security built into your system



Some advice for organizations applying for MDCH data...



➔ More MDCH Data use Application sticking points...

- Include beginning and end dates for the agreement, as well as frequency of data updates (one time only, monthly updates, etc.)
 - Make sure you have sufficient time to collect enough data to show areas for improvement in coordinated care
 - These findings will allow you to recruit more partners from both the behavioral and physical arenas
 - This will also help when applying to extend the Data Use Agreement



De-Identify the data to reduce security concerns...

➔ In our case, all data is tied to a consumer by their Medicaid ID.

- Remove any references to demographics (name, social security number, address, etc.)
- In Lapeer, the Thumb Alliance's Electronic Health Record, Oasis, can be used to link this information to a specific Consumer.
 - The security built in to Oasis restricts access to caregivers of particular consumers.

➔ The following reports were created:

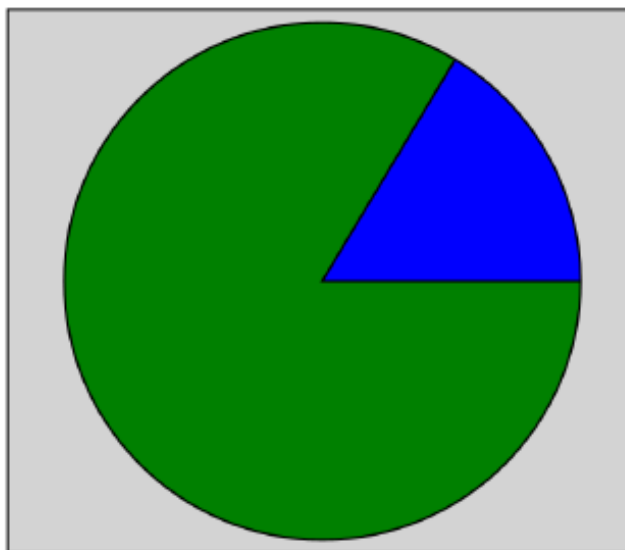
- Consumers without Primary Care Physician
- Costliest Consumers
- Multiple Prescriber Overview
- Consumer Medication Summary
- Co-Occurring Disorders



No Primary Care Physician...

Lapeer Consumers without Primary Care Physician

	Consumers	%
Open Clients	1116	100.00%
Has PCP	933	83.60%
No PCP	183	16.40%





Member Medication Summary

afia

Tradename	Prescriber ID	Date	Quantity	Strength	Unit
DIVALPROEX SODIUM TABLETS EXTENDED RELEASE	1225112915	5/18/2009	30	500	MG
DIVALPROEX SODIUM TABLETS EXTENDED RELEASE	1225112915	6/22/2009	30	500	MG
DIVALPROEX SODIUM TABLETS EXTENDED RELEASE	1225112915	7/19/2009	30	500	MG
DIVALPROEX SODIUM TABLETS EXTENDED RELEASE	1225112915	8/11/2009	0	500	MG
ERYTHROMYCIN OPHTHALMIC OINTMENT	1669633731	8/25/2009	10	0.5	%
LISINOPRIL TABLETS	1841288909	1/28/2010	30	10	MG
LISINOPRIL TABLETS	1841288909	2/27/2010	30	10	MG
LISINOPRIL TABLETS	1841288909	4/8/2010	30	10	MG
LISINOPRIL TABLETS	1841288909	5/6/2010	30	10	MG
LISINOPRIL TABLETS	1841288909	6/1/2010	30	10	MG
LITHIUM CARBONATE CAPSULES	1669633731	8/25/2009	42	300	MG
METFORMIN HYDROCHLORIDE TABLETS	1841288909	11/13/2009	60	500	MG
METFORMIN HYDROCHLORIDE TABLETS	1841288909	12/9/2009	60	500	MG
METFORMIN HYDROCHLORIDE TABLETS	1841288909	1/4/2010	60	500	MG
METFORMIN HYDROCHLORIDE TABLETS	1841288909	1/30/2010	60	500	MG
METFORMIN HYDROCHLORIDE TABLETS	1841288909	3/16/2010	60	500	MG
METFORMIN HYDROCHLORIDE TABLETS	1841288909	4/17/2010	60	500	MG
METFORMIN HYDROCHLORIDE TABLETS	1841288909	5/13/2010	60	500	MG
METFORMIN HYDROCHLORIDE TABLETS	1841288909	6/15/2010	60	500	MG
PREDNISONE TABLETS	1669633731	8/25/2009	12	10	MG
SEROQUEL TABLETS	1669633731	8/25/2009	42	100	MG
SIMVASTATIN TABLETS	1841288909	8/2/2009	30	40	MG
SIMVASTATIN TABLETS	1841288909	10/13/2009	30	40	MG
SIMVASTATIN TABLETS	1841288909	12/15/2009	30	40	MG
SIMVASTATIN TABLETS	1841288909	1/13/2010	30	40	MG
SIMVASTATIN TABLETS	1841288909	2/15/2010	30	40	MG
SIMVASTATIN TABLETS	1841288909	3/16/2010	30	40	MG
SIMVASTATIN TABLETS	1841288909	4/15/2010	30	40	MG
SIMVASTATIN TABLETS	1841288909	5/21/2010	30	40	MG
SIMVASTATIN TABLETS	1841288909	6/16/2010	30	40	MG
ZYPREXA TABLETS	1225112915	5/18/2009	30	10	MG
ZYPREXA TABLETS	1225112915	6/20/2009	30	5	MG
ZYPREXA TABLETS	1225112915	7/19/2009	30	5	MG



Consumers obtaining prescriptions from afia multiple providers...

Multiple Prescriber Overview

Consumer	Tradename	# of Prescribers
A	HYDROCODONE BITARTRATE AND ACETAMINOPHEN TABLETS	20
B	HYDROCODONE BITARTRATE AND ACETAMINOPHEN TABLETS	17
C	PROPOXYPHENE NAPSYLATE ACETAMINOPHEN TABLETS	14
D	HYDROCODONE BITARTRATE AND ACETAMINOPHEN TABLETS	12
E	HYDROCODONE BITARTRATE AND ACETAMINOPHEN TABLETS	11
F	HYDROCODONE BITARTRATE AND ACETAMINOPHEN TABLETS	11
G	HYDROCODONE BITARTRATE AND ACETAMINOPHEN TABLETS	10
H	HYDROCODONE BITARTRATE AND ACETAMINOPHEN TABLETS	9
I	HYDROCODONE BITARTRATE AND ACETAMINOPHEN TABLETS	9
J	HYDROCODONE BITARTRATE AND ACETAMINOPHEN TABLETS	8
K	HYDROCODONE BITARTRATE AND ACETAMINOPHEN TABLETS	8
L	HYDROCODONE BITARTRATE AND ACETAMINOPHEN TABLETS	8
M	HYDROCODONE BITARTRATE AND ACETAMINOPHEN TABLETS	8
N	HYDROCODONE BITARTRATE AND ACETAMINOPHEN TABLETS	7
O	HYDROCODONE BITARTRATE AND ACETAMINOPHEN TABLETS	7
P	CLONIDINE HYDROCHLORIDE TABLETS	7
Q	IBUPROFEN TABLETS	7
R	HYDROCODONE BITARTRATE AND ACETAMINOPHEN TABLETS	7
S	HYDROCODONE BITARTRATE AND ACETAMINOPHEN TABLETS	6
T	LORAZEPAM TABLETS	6
U	HYDROCODONE BITARTRATE AND ACETAMINOPHEN TABLETS	6
V	HYDROCODONE BITARTRATE AND ACETAMINOPHEN TABLETS	6
W	TRAMADOL HYDROCHLORIDE TABLETS	6
X	SEROQUEL TABLETS	6
Y	METFORMIN HYDROCHLORIDE TABLETS	6

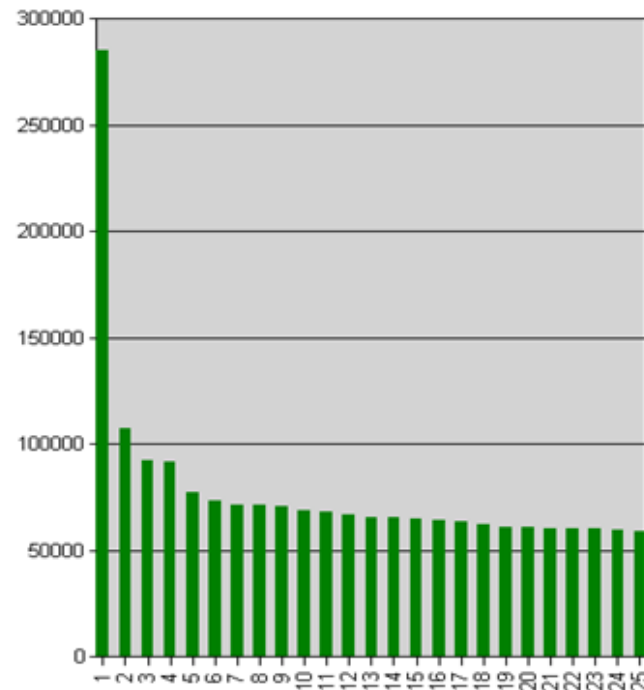


Costliest Consumers

Lapeer's 25 Costliest Consumers

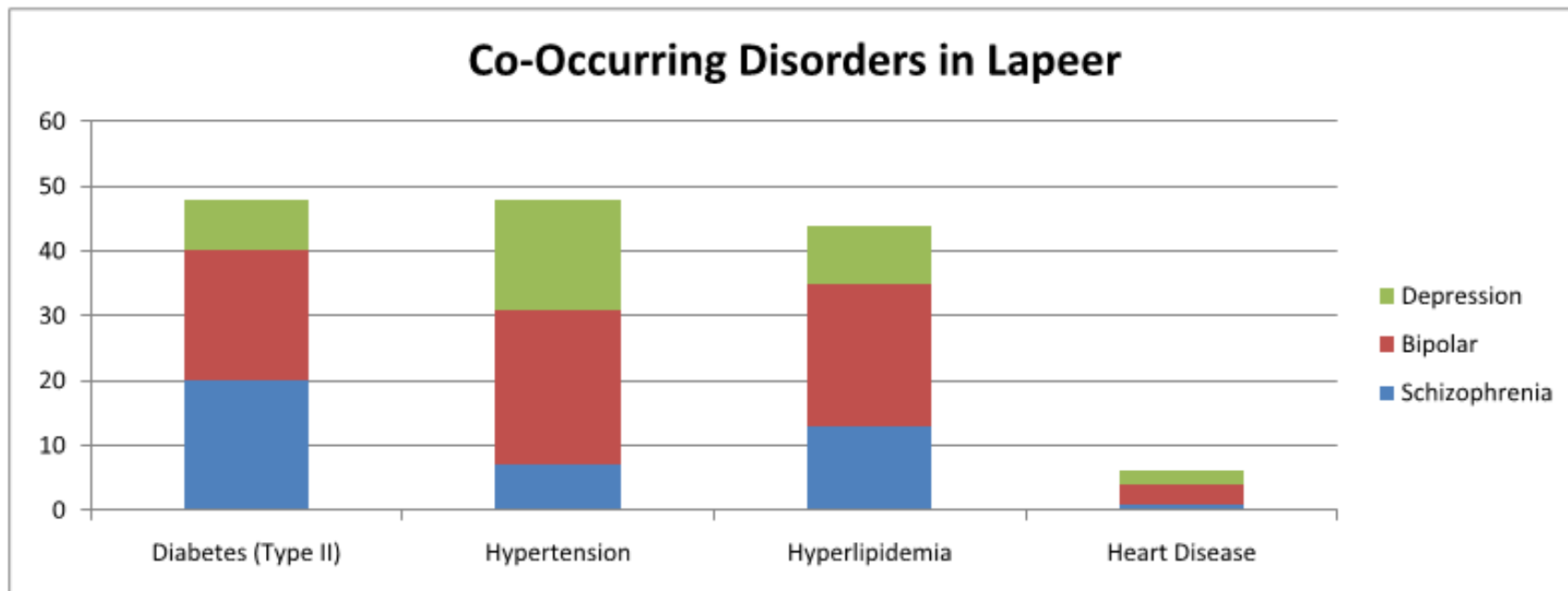
From 10/1/2009 through 11/28/2010

Rank	Client ID	Total Cost	Non-Medicaid	Medicaid	Open/Closed
1	A	\$285,454.17	\$0.00	\$285,454.17	O
2	B	\$107,145.78	\$0.00	\$107,145.78	O
3	C	\$92,349.06	\$0.00	\$92,349.06	O
4	D	\$91,574.00	\$91,574.00	\$0.00	O
5	E	\$77,510.33	\$0.00	\$77,510.33	O
6	F	\$73,181.09	\$0.00	\$73,181.09	O
7	G	\$71,593.16	\$0.00	\$71,593.16	O
8	H	\$71,370.86	\$9,946.53	\$59,145.57	O
9	I	\$70,676.73	\$0.00	\$70,676.73	O
10	J	\$68,918.41	\$0.00	\$68,918.41	O
11	K	\$68,261.47	\$0.00	\$68,261.47	O
12	L	\$66,841.05	\$0.00	\$66,841.05	O
13	M	\$65,671.07	\$0.00	\$65,671.07	O
14	N	\$65,315.80	\$0.00	\$65,315.80	O
15	O	\$64,842.36	\$0.00	\$64,842.36	O
16	P	\$63,993.53	\$0.00	\$63,993.53	
17	Q	\$63,952.42	\$0.00	\$63,952.42	O
18	R	\$62,111.42	\$0.00	\$62,111.42	O
19	S	\$61,021.15	\$0.00	\$61,021.15	O
20	T	\$60,764.79	\$0.00	\$60,764.79	O
21	U	\$60,647.71	\$0.00	\$60,647.71	O
22	V	\$60,192.13	\$0.00	\$60,192.13	O
23	W	\$60,145.16	\$0.00	\$60,145.16	O
24	X	\$59,436.52	\$0.00	\$57,761.31	O
25	Y	\$59,088.28	\$0.00	\$59,088.28	O





Co-occurring disorders...



	Schizophrenia	Bipolar	Depression
Diabetes (Type II)	20	20	8
Hypertension	7	24	17
Hyperlipidemia	13	22	9
Heart Disease	1	3	2



Returning to the goals of our project...

→ Improve access to care

- Verify that all consumers have a primary care physician

→ Obtain an accurate history of medications provided to a consumer

- This will decrease medication errors and interactions

→ Improve utilization management

- Discover consumers that may be taking advantage of the system and address their needs
- The benefits of coordinating care for the costliest consumers are two-fold:
 - Improve outcomes for these consumers with more hands-on guidance
 - The resources saved through coordinated care would translate directly to providing more services

→ Disease Management

- Identify chronic disease consumers and coordinate physical health care



Further action is required to continue this improvement...

- ➔ Partner with Medicaid Health Plans to supply data that is more up-to-date
 - MDCH data is 6 months old
 - The reports that we are creating highlight areas that require further investigation
 - **Coordinating care will result in improved outcomes and reduce mortality rate**
 - Additionally, there is an opportunity to reduce costs

- ➔ Expand this initiative across the other counties in the Thumb Alliance
 - Sanilac and St. Clair
 - ...and possibly further throughout Michigan



Further action continued...

- ➔ Partner with primary care clinics to share our behavioral health data
 - Currently, there is a portal at Lapeer CMH to access local hospital's records for current Consumers
 - We would like to reciprocate and provide the hospital access to our records
 - This will require a signed agreement that allows access to specific data points [non-SA]. The language of this is not yet written and would need to be carefully considered.



Questions?

→ Contact Info

Dr. Robert Sprague
CEO Lapeer CMH
rsprague@cmh.co.lapeer.mi.us

Ben Leonard
Afia, Inc
ben@afiahealth.com